SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	26/11/2019 18:24
Date Of Accident	02/11/2019 13:30
Exact Location Of Accident	CROSS JUNCTION OF JLN BUKIT MERAH & LOWER DELTA RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMN2065Y
Insured/Policyholder	
Name Of Registered Owner	BLUECAR EAST ASIA PTE LTD
Co Reg No	201617259H
Email Address	CLAIMS@BLUESG.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-31637900
Vehicle Particulars	
Manufacturer	BLUECAR
Model	BLUECAR-(A)
Exact Purpose for which vehicle was being used at time of accident	CAR RENTAL BY OWNER
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	MSD/VPCP/18-000001
Cover Note Number	
Driver	
Name of Driver	SIM KIAN TAT
NRIC No	S8902855H

Name of Driver

NRIC No

S8902855H

Date Of Birth

Occupation

Date Of Driving Pass

SIM KIAN TAT

S8902855H

20/01/1989

INDOOR

13/04/2011

Driving Experience 8 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92771192

Fax Number

Contact Number

EMail Address WHOAMI.KIAN@GMAIL.COM

BLK 800 YISHUN RING ROAD Address

#12-4385 SINGAPORE 760800

Postcode 760800

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CROSS JUNCTION Type Of Accident

3

NO

NO

1

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name WOODLANDS DIVISION HQ

ROAD: 1 WOODLANDS STREET 12, POSTCODE: 738622, COUNTRY: Police Station Address

SINGAPORE

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

Refer to Police report (NP299). report no: L/20191102/7030.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJT9325E Vehicle Make/Model/Colour KIA / RED

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MOHAN S/O VEERASINGHAM

S7011077F NRIC/Passport Number **Contact Number** 87211823

Address Postcode

Insurance Company Name

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKM7003Y

Vehicle Make/Model/Colour MERC / CLA300 / WHITE

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver ONG WEE SENG
NRIC/Passport Number S8028628G
Contact Number 96507807

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

OF THE EST

Reporting Centre Personnel's Signature Name:

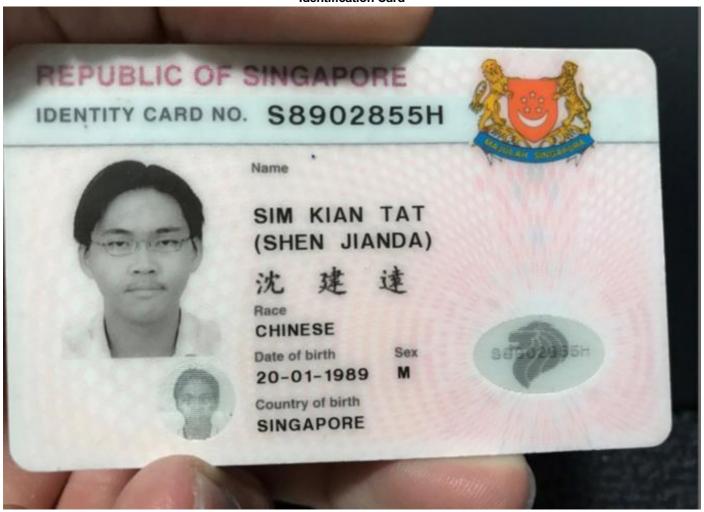
NRIC/FIN No.:

Sketch Plan #2

KETCH PLAN		1 1 1 1 1 1 1
		A Conte
IAIA		Vinera
4 1		B- red
1 10 1	Lower dule	
1 3 7		ICIA
		++++++++++++++++++++++++++++++++++++
 		
Talan But	ent la	
Meran		
No ser stry	 	++++++++++++++++++++++++++++++++++++
 		
	1300 80 1	++++++++++++++++++++++++++++++++++++
		
 		
 	HILL HALL HALL HALL HALL HALL HALL HALL	
FEORINE CINCILLICATE LICES	NO THE ACCIDENT	
ESCRIBE CIRCUMSTANCES O	OF THE ACCIDENT	
	Police report (NP299). report N L/2019/10	io.
refer to f	slice report (NY 249). TE port in	1-1
	L/2019/10	0017020
	27-01-1710	121
The same of the sa		
ECLARATION '		
We declare the foregoing partic	alars are true in every respect.	
We declare the foregoing partic	and are true in every property	
	(8)	
	(Van	
	- LENCY	Name and Street and
olicyholder's Signature		Personnel's Signature
ate & Time:	(If driver is not the policyholder) Name: Date & Time: NRIC/FIN No.:	
CONTRACTOR CONTRACTOR	Date & Time: NRIC/FIN No.:	

GIARMC SketchPlanForm_V3

Identification Card



Identification Card





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFEECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 13 Apr 2011 of the driver; and other motor vehicles =< 2500kg

NP 428A







91102/7030 1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000 Report No. L/20191102/7030

Date/Time Report Made 02/11/2019 19:24	Vide Re	eport No.		Station Diary No.
Name Of Informant	Address			
SIM KIAN TAT	APT BLK 800 YISHUN RING ROAD #12-4385 SINGAPORE 760800			
ID Type / ID No. NRIC NO / S8902855H	Contact No. Home/Office: Mobile: 92771192			
Nationality SINGAPORE CITIZEN	Email Address simkiantat@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
Financial/Investment adviser	Male	30	20/01/1989	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 02/11/2019 13:30 - 02/11/2019 13:30	Location Of Incident APT BLK 800 YISHUN RING ROAD #12-4385 SINGAPORE 760800			

Brief details.

I was driving blue sg car, SMN 2065Y and was at the cross junction between Jalan Bukit Merah and lower delta road. Stationary on traffic light along Jalan Bukit Merah waiting to do a U-turn. The adjacent traffic was in favour to do a right turn and Suddenly I noticed a red car came towards my side and the green divider damage the car I was in. The driver came down to check on his car when I alighted and I noticed a white merc, SKM 7003 Y was in front of the red Kia, SJT 9325 E. From the understanding from their conversation, white merc did not keep to his lane have a light touch to the red Kia causing him to hit

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/11/2019 19:24
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20191102/7030

the divider resulting in the collateral damage to my car.

I have gotten the Drivers consent for their particulars, we exchange of contact. I have made the report to bluesg when the accident occurred and the time of accident happened around 1330-1335.

If there is any required clarification, please kindly contact me for more clarification.

Victim			
Person Name	SIM KIAN TAT		
ID Type	NRIC NO	ID No	S8902855H
Gender	Male	Age	30
Race	Chinese	Language	English
Occupation	Financial/Investment adviser	Address Type	1 225 22 2
Address	APT BLK 800 YISHUN RING ROAD #12-4385 SINGAPORE 760800	Mobile No	92771192
ls Informant A Victim?	Yes		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 02/11/2019 19:24		
Officer In-Charge Of Case:	Classification Of Case:		
Authentication Stamp			













